

# HOSPITALITY & DINING EXPENSE CLAIM



EMPLOYEE NAME \_\_\_\_\_

DEPARTMENT / COST CENTER \_\_\_\_\_

DATE OF SUBMISSION \_\_\_\_\_

EMPLOYEE ID \_\_\_\_\_

DATE	ESTABLISHMENT & LOCATION	BUSINESS PURPOSE	ATTENDEES (NAMES & AFFILIATIONS)	AMOUNT

<b>Subtotal</b>	
<b>Taxes / Tips</b>	
<b>Total Claim</b>	

---

CLAIMANT SIGNATURE

DATE \_\_\_\_\_

---

AUTHORIZED APPROVER SIGNATURE

DATE \_\_\_\_\_